

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Fetablishm	ant Name						Telephone Number	Date of In	renection	PERMIT #	
Establishment Name							_	312 945 2771 Date of this (mm/dd/yr)			
Best Western Pl-5 Establishment Address (number and street, city, state, zip code)								5/15	12019	18-30	
411 W. Spring St. Her Alberg, 12 47150											
Owner							Purpose:	Follow-up Release Date			
NA Hospitality, 114							1. Routine	10	No 10 days		
Owner's Address							2. Follow-up	Summary of Violations:			
							3. Complaint	3. Complaint			
Person in Charge							4. Pre-Operational	$C \triangle $	C NC / R		
Responsible Person's E-mail							5. Temporary	Menu Ty	rpe (See back	of page)	
Jami. Mazza @ ghs - hotels.com Gertified Food Manager							6. HACCP				
Certified Food Manager							7. Other (list)	12	2 <u>X_</u> 3	_45	
exempt - continental breakfasts only										· · · · · · · · · · · · · · · · · · ·	
• CRITICAI	L ITEMS AF	RE IDI	ENTIFIED IN T	THE CHECKLI	ST AND NARR	ATIVE COLU	JMNS MARKED "C"			•	
• VIOLATIO	ON(S) REPE	ATEI	FROM PREV	IOUS INSPECT	TIONS ARE DE	NOTED IN T	HE "SUMMARY OF VIOLATIONS"	AND IN THE	NARRATIVE	BELOW AS "R"	
Section#	C/NC	R	Narrative					To Be Corrected By			
431	NC		Observed	surving	line f	o be	vacant due to ove Pro) have already all usual services Satur	rhend	Corre	cek d	
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